LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject:	Section Number:
DETENTION SERVICES BUREAU	**DSB-1000**
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SAFE CRISIS MANAGEMENT AND USE OF FORCE	Approved By: Dennis Carroll DSB Bureau Chief

1001 INTRODUCTION – USE OF FORCE POLICY

This section establishes the Probation Department's use of force policy in accordance with Title XV of the State of California's Board of State and Community Corrections. This policy outlines situations during which the use of force may be considered, and establishes protocols to be followed prior to, during and after the application of physical, chemical and/or soft restraint techniques.

Probation Department staff shall use only that level of intervention (verbal, physical or chemical) necessary and appropriate to restore order, and/or to achieve and maintain control. The use of these interventions shall be discontinued immediately upon achieving the desired objective. Intervention shall never be utilized as a form of discipline, punishment or retaliation.

The Probation Department shall provide training to staff involving the use of approved force applications (i.e., Safe Crisis Management or SCM); no other forms or applications of force are to be used except in cases of extreme emergency.

This policy is separated into major sections as outlined below:

- Section 1002 – Training
- Section 1003 – Definition and Explanation of Terms
- Section 1004 – Safe Crisis Management Physical Intervention Report Forms
- Section 1005 – Safe Crisis Intervention Policy and Procedures
- Section 1006 – Mechanical Restraints Procedures
- Section 1007 – Chemical Restraint Procedures

1002 TRAINING

All sworn Probation staff assigned to juvenile custodial facilities shall receive Probation Department-approved initial and refresher competency-based trainings in SCM. These trainings are designed to provide staff with the ability to identify and safely manage various "acting-out" behaviors. The goal of training is to ensure that staff clearly understand that ensuring the safety of youth while in the Probation Department's care is a priority at all times. Accordingly, all interventions performed by staff, whether non-verbal, para-verbal, verbal, and physical and/or chemical, shall be employed with this understanding in mind.

1003 DEFINITION AND EXPLANATION OF TERMS

To assist in understanding the important components of this policy, the following terms are defined below. Staff shall familiarize themselves with these terms and utilize them as an aid in their understanding.

Alternative Restraint Devices – Restraint device that is utilized in lieu of approved hard or soft restraints. The use of alternative restraint devices not specifically authorized by this policy, such as a body wrap, is prohibited.

Body Attachments – Court order, pursuant to section 1209 of the Code of Civil Procedure, which allows 601/300 WIC youth from Dependency Court to be detained in juvenile hall.

Child Safety Assessment – A safety assessment of youth(s) following a physical/chemical intervention, conducted by a supervisor within one hour of the incident's occurrence, which shall consist of an interview and an assessment of any injuries sustained, in order to ascertain whether or not child abuse may have occurred. If the supervisor suspect's child abuse has occurred, the supervisor will report that in accordance with Department policies and procedures.

Choke Holds – Restraint hold utilized to temporarily cut off the blood supply to the brain and render the subject being restrained unconscious. These holds, commonly referred to as "arm-bar" or "carotid holds," are not authorized by the Probation Department and shall not be utilized.

Chemical Restraint/Intervention – The application of OC spray as authorized under Penal Code 12403 to control behavior and subdue actual violent behavior.

Controlled/Contained Situation – A situation which requires that SCM de- escalation techniques be incrementally utilized to successfully resolve crisis situations without injury through the least restrictive SCM alternative, as directed by a supervisor on the scene.

Crisis Curve – Continuum of behavioral and psychological occurrences which describe escalating behaviors demonstrated by individuals in crisis.

Crisis intervention Techniques – De-escalation techniques designed and employed to intervene in a youth's negative behavior with non-threatening, non-verbal, para-verbal or verbal interventions, which reinforce expected behaviors and allow a youth to self-correct and begin to demonstrate acceptable behaviors.

Daisy-Chain – Several pair of handcuffs connected to a strong chain at approximately three-foot intervals; utilized to transport groups of youth from one location to another within the facility or outside of the facility during a transport.

Differential Reinforcement – Behavioral management techniques, which involve acknowledging appropriate behavior while ignoring inconsequential behavior, and

employing positive correction techniques to further reinforce and enhance a structured, relationship-based environment.

Disengagement – Level 1 physical intervention technique wherein a staff member steps between two youth that are engaged in a physical altercation, separating the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage.

Duty Supervisor – The OD (SDSO) in the juvenile hall and the Supervising Transportation Deputy in the Transportation Section shall be jointly referenced in this document as the duty supervisor where applicable. The duty supervisor is responsible for the safety and security of the facility or operation. The duty supervisor shall be responsible for assigning staff to all units and specialized supervision posts within a facility.

Extended Arm Assist – Level 2 physical intervention technique in which a staff places a youth in an Extended Arm Assist by securing the arm and shoulder (or shirt/sweatshirt) of the youth for the purpose of inducing a minor that is acting-out to cease their involvement in negative behavior and/or to assist them in moving to a safer area.

Flex-cuffs – Hard plastic mechanical restraint devices intended for use in emergent situations within the facility to restrain youth who are in immediate danger of injuring themselves or others, or who pose a serious threat to property when handcuffs are not immediately available.

Force – The utilization of physical intervention techniques to control physical resistance, physical aggression, serious self-harming behaviors; and/or to prevent an escape or serious property damage. Only the minimum amount of force needed to control any situation should be used.

Hard Restraints – Hard restraints include handcuffs, leg irons, shackles, waist chains, daisy-chains and flex-cuffs.

Hog-Tying – Procedure whereby mechanically restrained hands and mechanically restrained feet are drawn together and secured behind the back. This type of restraint technique is prohibited by the Probation Department and shall not be employed.

Least Restrictive Alternative – Policy requirement that staff resolve all crisis situations employing the least restrictive type of intervention necessary and available.

Lethal Force – Level of force which, when utilized, results in the death of an individual. Such force is not authorized by the Probation Department and shall not be employed.

Levels of Intervention – Physical intervention techniques (levels) authorized by the Probation Department, which are incrementally employed by staff when necessary as

part of a continuum of force in order to enable staff to physically intervene in a crisis management situation.

Mechanical Restraints – Mechanical devices (handcuffs, flex-cuffs or leather restraints) used to immobilize an individual's extremities.

Medical Assessment – Medical staff examine and treat youth involved in physical intervention incidents, including the application of soft restraints, and note the results of their examination in a PIR.

Non-Verbal Intervention – Intervention techniques that do not involve dialogue with any individuals; these techniques often involve making eye contact or using a hand motion.

Objectively Reasonable Standard – A standard in which an objective and trained observer would employ to determine whether or not the level and types of interventions utilized were appropriate and necessary.

Oleoresin Capsicum (OC) Spray – Chemical Restraint (non-lethal) method of intervention authorized and used within the Probation Department which represents the highest level in the Department's force continuum policy (Level 6).

Para-Verbal Intervention – Intervention technique that involves making partial verbal sounds, such as the clearing of the throat, or other similar sounds, designed to garner attention.

Physical Intervention – Immediate, temporary physical intervention used to interrupt, re-direct or control a youth's behavior when the behavior is deemed harmful to self or others, or otherwise represents a serious breach of programming, security or order.

PIR – Three letter acronym for the SCM Physical Intervention Report form, used to document incidents involving the use of physical or chemical interventions.

Positional Asphyxia – A situation in which an individual that is obese, a known asthmatic, or has cardiac, respiratory or substance abuse problems may be at increased risk for asphyxiation or death when placed in a prone position following the application of a physical intervention.

Positive Surface Behavior Management Techniques – Processes which involve utilizing techniques such as humor, re-grouping, re-structuring and/or problem solving to assist in the development of positive staff/youth relationships.

Post Incident Review – Comprehensive policy and procedural compliance review conducted by supervisory staff following the conclusion of a physical or chemical intervention incident.

Prone Bridge Assist – Refer to Supine Torso Assist.

Prone Torso Assist – Refer to Supine Torso Assist.

Safe Crisis Management Physical Intervention Report and Supplemental Physical Intervention Report – Report forms commonly referred to as a PIR and SUP-PIR utilized by staff to document incidents involving the use of physical or chemical interventions.

Safe Crisis Management Training – Training which provides staff with the ability to identify and safely manage various acting-out forms of behavior. Only staff that have been trained and certified by the Probation Department may utilize these crisis management techniques.

Shackles – Consists of handcuffs, which are attached to leg cuffs by a chain of 17 to 24 inches in length that are used to limiting the movement of the youth's upper and lower extremities.

Shift Leader – The SDSO in the juvenile hall and the SDSO in the Transportation Section shall be jointly referenced in this document as the shift leader where applicable. The term shift leader denotes the individual in the area, unit, location, facility or operation that has lead staff responsibility for the area, unit, location, facility or operation in which a physical intervention incident occurs.

Slamming – Use of physical force by staff, which causes a youth to impact with a solid object such as a floor, the ground, a wall or a door.

Soft Restraints – Padded leather restraining devices and helmet, used primarily to control youth experiencing medical or psychological problems, such as youth who are under the influence of drugs, demonstrating suicidal behavior, or those endangering themselves or others.

Standing Cradle Assist – Level 3 physical intervention technique in which a staff reaches under the youth's arms, grasps and secures the wrists towards the youth's hips and cradles the youth. Movement is restricted until the youth calms down or an increased level of intervention is deemed necessary.

Standing Upper Torso Assist – Level 3 physical intervention technique in which the staff reaches around the outside of the minor's arms from the rear, and then the staff pulls their hands tightly towards their own chest, thereby restricting the youth's arm movement until the youth calms down, or an increased level of intervention is deemed necessary.

Seated/Kneeling Cradle Assist – Level 4 physical intervention technique in which a youth that has been placed into a Standing Cradle Assist by a staff member is then assisted to a seated position on the floor that ends up in a kneeling position, while maintaining the Cradle Assist. This further restricts movement until the youth calms down or an increased level of intervention is deemed necessary.

Seated/Kneeling Upper Torso Assist – Level 4 physical intervention technique in which a youth who has already been placed into an Upper Torso Assist is assisted to a seated position on the floor by a staff member, who continues to maintain the Upper Torso Assist hold on the youth. This further restricts movement until the youth calms down or an increased level of intervention is deemed necessary.

Supine Torso Assist (Prone Bridge Assist or Prone Torso Assist) – Level 5 physical intervention technique in which a youth who has already been placed into a Seated/Kneeling Upper Cradle or Upper Torso Assist position is further transitioned into a more restrictive Supine Torso, Prone Bridge or Prone Torso Assist position.

Uncontrolled Situation – An incident, such as a major disturbance, fight, assault or escape attempt which occurs quickly, requiring staff to respond immediately and employ more restrictive alternatives on an escalating basis, absent the presence of a supervisor on the scene to direct staff actions, in order to prevent injury to youth or staff, and/or to protect members of the community.

Verbal Intervention – Verbal dialogue to gain the attention of an individual in order to deter an individual from his or her efforts to violate rules and regulations.

1004 SAFE CRISIS MANAGEMENT PHYSICAL INTERVENTION REPORT FORMS

DSB Staff will continue to utilize the PIR and SUP-PIR documents. These reporting forms provide staff with a step-by-step method for documenting incidents involving the use of physical and/or chemical interventions. Staff shall prepare these documents utilizing the appropriate Probation Caseload Management System screens as outlined in Directive 1226 - PCMS Phase 2 Implementation of Physical Intervention Report (PIR), Supplemental Physical Implementation Report (SUP-PIR), Special Incident Report (SIR), Supplemental Special Incident Report (SUP-SIR) and Behavior Management Program (BMP).

1005 SAFE CRISIS INTERVENTION POLICY AND PROCEDURES

It is the goal of the Probation Department to provide a safe and secure environment for detained youth in order to foster rehabilitation efforts. To this end, staff are assigned the primary responsibility of ensuring the safety of all youth.

I. Policy Regarding Safe Crisis Intervention (SCI)

Youth in the Department's care are often troubled and their behavior may sometimes be aggressive and/or harmful to themselves or others. These behaviors may result in crisis situations of varying degrees. When resolving these crisis situations, only the least restrictive measure necessary to provide for the safety of youth and/or others, resolve the crisis situation and restore order within the custodial setting, shall be utilized by staff.

The Probation Department shall provide competency-based training to sworn staff involving methods for safely managing crisis situations. Such training shall involve non-

verbal, para-verbal, verbal and physical intervention techniques. Only staff that have been certified through the Probation Department SCM training curriculum are authorized to employ these techniques to manage crisis situations.

All staff members who are involved in, a witness to, or given an assignment wherein a crisis situation is resolved through the use of physical or chemical intervention shall, at the conclusion of the incident, immediately notify the duty supervisor in the facility and complete a PIR/SUP-PIR. The completed PIR/SUPPIR shall be reviewed and approved by the duty supervisor. Every possible effort shall be directed at completing the requisite PIR(s) immediately following the conclusion of the crisis incident, or as otherwise directed by a supervisor.

Note: The Officer of the Day (OD) in the juvenile hall and the Transportation dispatcher shall be jointly referenced in this document as the duty supervisor where applicable. The duty supervisor is responsible for the safety and security of the facility or operation. The duty supervisor shall be responsible for assigning staff to all units and specialized supervision posts within a facility.

II. Policy Regarding Misuse of Force

Staff shall be trained in SCM to ensure they clearly understand that their actions in crisis situations shall be governed by the principle that the least restrictive intervention alternative shall be utilized. This means that any interventions being considered to manage a crisis situation shall be utilized with the understanding that only the least restrictive alternative necessary to resolve the situation and keep both the youth and the staff member safe are to be employed.

Each crisis situation that occurs in which physical or chemical intervention is employed shall be reviewed by supervisory staff following its occurrence. Supervisory staff shall conduct a Child Safety Assessment (CSA), interview the involved youth, other youth and civilian witnesses as necessary, review PIRs prepared by staff, and conduct a formal written incident review (SCM Review) to determine the following:

- Did the incident represent a controlled or uncontrolled SCI?
- Was a supervisor called to the scene of the incident as appropriate?
- What were the circumstances leading up to the SCI?
- What was the positioning of staff leading up to the SCI incident?
- What de-escalation techniques were attempted prior to employing the SCI?
- What were the circumstances, including actions by the youth(s), which necessitated that a SCI be performed by staff?
- Based upon the facts and circumstances of the incident, was the level of intervention (physical and/or chemical) utilized appropriately?

- If used, was the intervention performed correctly and properly documented?
- Did the nurse see the youth(s) within 30 minutes following the incident? If not within 30 minutes of conclusion of the incident, why not?
- Were there any injuries sustained by the youth(s) as a result of the SCI employed? If yes, were said injuries consistent with the intervention technique(s) performed?
- Were the PIRs/SUP-PIRs prepared by the staff completed appropriately?
- Were statements submitted by the youth(s) consistent with statements from staff?
- Was the physical intervention necessary and appropriate?
- Was the physical intervention utilized excessive?
- Was the intervention utilized within established policy?
- Did each staff member complete a PIR/SUP-PIR as required?
- Did the shift leader review the completed PIRs/SUP-PIRs as required?
- Did the duty supervisor review the completed PIRs/SUP-PIRs as required?
- Were any Probation Department policies and/or procedures violated prior to, during or after staff implemented the intervention(s)?

At the conclusion of the post-incident review, the supervisor shall prepare a written report (SCM Review) to the Director outlining his or her findings. Staff identified in the SCM Review as being involved in the use of inappropriate, unnecessary and/or excessive intervention(s), or that have violated established Probation Department policies/procedures, may be subject to corrective action.

Staff shall be cognizant of the following:

- The safety of staff is an important consideration when situations arise that may result in the utilization of SCM physical intervention techniques. Staff shall rely on their training and judgment when employing SCM physical intervention techniques to ensure they are applied in a manner that is consistent with maintaining the safety of both staff and youth insofar as possible.
- The use of physical or chemical intervention and/or the application of mechanical or soft restraints to manage crisis situations shall not be utilized as a form of discipline, punishment or retaliation against a youth.
- The use of the "carotid," "arm-bar" chokehold or any other chokehold is strictly forbidden.

- OC spray shall generally be utilized after all efforts at verbal de-escalation and/or reasonable, appropriate physical intervention have been tried and failed. In instances of a serious disturbance or an assault upon a youth or staff member that occurs, placing the individual in imminent danger of harm, the use of chemical intervention may take place without a verbal warning.

- The use of physical force that results in the youth coming into forcible contact with objects such as a floor, a wall, a door, the ground or other object(s) after being pushed or shoved by staff will be closely analyzed during the SCM post-incident supervisory review to gauge the appropriateness of the restraint technique utilized. The intentional pushing or shoving of a youth into solid object (i.e., slamming) is strictly forbidden.

- Except in extreme emergencies, staff shall not attempt a physical intervention without the assistance of additional backup staff.

III. Expectations Regarding Use of Physical or Chemical Interventions

It is the expectation of the Probation Department that staff shall proactively avoid employing physical intervention whenever it is reasonably possible to do so. Likewise, staff shall only employ physical or chemical interventions if it is objectively reasonable to do so. An objectively reasonable standard is one which, when applied by a trained, objective observer to any given SCM incident, provides a basis for making a credible determination as whether or not the level of force utilized was both appropriate and necessary.

In the event that staff witness an inappropriate use of force, they are required to take affirmative action to stop any inappropriate use of force.

In the event a crisis situation occurs which is successfully resolved using SCM technique(s), the technique(s) employed shall be discontinued immediately upon containment of the crisis situation.

IV. Ongoing Situational Assessment

Staff should be continuously alert and proactive to situations in which the potential for conflict exists. Proper structuring, positioning, and proactive repositioning by staff in response to changes in group activities, dynamics and tone, as well as attentive group supervision, assists in anticipating potentially volatile situations resulting from escalating behavior, and aids in early detection, intervention and conflict resolution. If done properly, this proactive approach to group supervision by staff reassures youth that staff are actively engaged in ensuring that youth' safety is paramount and can also help avoid using physical and/or chemical intervention to maintain control.

SCM techniques include intervening in a youth's negative behavior utilizing nonthreatening, non-verbal, para-verbal or verbal intervention techniques, which serve to reinforce the expected and desirable behavior. This affords the youth an opportunity to

self-correct and adopt behavior that is within acceptable limits. For all youth, limits shall be clear, simple, fair, reasonable and enforceable.

Staff shall always be prepared for the emergence of negative behavior(s). When such behavior(s) occur, an intervention assessment shall be initiated, consisting of the following:

- Develop and implement an intervention plan in your mind.
- Assess the behavior being presented.
- Assess the youth involved with the observed behavior.
- Assess the immediate environment in which the behavior is occurring.
- Assess staff ability to handle the emerging behavior(s).
- Assess the issues (if any) that may result in the need for physical and/or chemical intervention.
- Identify resources and/or interventions that may be needed to resolve the issue(s).

V. General Crisis Intervention Techniques

Staff shall be cognizant of the Crisis Curve that describes behavioral and psychological aspects of escalating behavior on the part of individual youth in crisis. As incidents escalate, the thought processes of youth become less involved and emotions increase. In many instances, staff who attempt to assist in these crisis situations become targets of misplaced anger. Therefore, staff must be cognizant of this fact while maintaining their professionalism, taking an ongoing situational assessment approach and utilizing care while attempting to de-escalate the situation.

Positive surface behavior management, differential reinforcement and positive correction (primary strategies) are effective techniques that staff should utilize to develop and maintain positive, care-oriented relationships with youth under their supervision. Likewise, non-verbal, para-verbal and verbal forms of intervention (secondary strategies) are also powerful tools staff shall employ to assist youth in regaining or maintaining control before their behaviors escalate to a point in which staff must consider the use of physical and/or chemical intervention.

Staff shall be alert to situations involving oppositional or defiant behaviors on the part of youth, as well as personal insults directed toward staff. Staff must assess each of these situations while taking care to avoid internalizing comments made about them by youth and reacting toward these same youth in a counter-aggressive manner. Other uninvolved staff should monitor these situations and be prepared to quickly intervene and assist in removing an overly involved staff from the immediate vicinity. Under certain conditions, the introduction of a neutral staff member into the situation may serve to calm

all parties and allow staff to maintain control and restore order without resorting to physical and/or chemical intervention.

Note: In crisis situations, staff are required to provide SCM physical intervention assistance to other staff or civilians as necessary. Upon investigation, the noted failure of any staff to provide required SCM physical intervention assistance in any form determined to have been necessary at the time of the incident will result in corrective action.

VI. Authorized Intervention Options

The Probation Department has approved a number of physical intervention and restraint techniques that restrict mobility or movement and disengage the youth from harmful physical contact. The level of force that can be used in these circumstances is governed by the principle of the least restrictive alternative. This means that selected interventions must always be employed with the lowest level of intervention necessary in order to contain a crisis situation and provide a safe outcome for the youth. These intervention techniques are taught in approved Probation Department SCM training courses.

OC spray is an authorized Probation Department intervention technique that shall only be utilized within settings approved for such use. When approved, such use is only to take place after reasonable attempts at verbal de-escalation and/or physical intervention have been attempted and failed; or, a serious disturbance/riot or physical assault upon a staff member, youth, other agency representative or a visitor to the facility occurs, necessitating the immediate introduction of chemical intervention in order to regain control of the situation or environment and restore order.

Offensive measures shall not be employed except in cases of extreme emergency, such as staff being forced to defend themselves against a youth or group of youth during a physical assault. Incidents involving the use of offensive measures shall be fully documented by all staff involved and administratively reviewed to determine whether or not the situation warranted such action.

VII. Authorized Levels of Physical Intervention

Through the SCM training curriculum, the Probation Department has developed an intervention process that is constructed on a continuum that progresses from low to high levels of restriction or intervention. Staff shall use only that level of intervention appropriate for the situation encountered and not escalate beyond that point, absent exigent circumstances supporting such action. These levels, from least to most restrictive, are:

Level-1 (A1) – Disengagement: A staff member steps between two youth who are engaged in a physical altercation and separates the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage or the execution of an Extended Arm Assist.

Level-2 (A2) – Extended Arm Assist: A staff member places the youth into an Extended Arm Assist by securing the arm and shoulder (or shirt/sweatshirt) of the youth for the

purpose of inducing an acting-out youth to cease involvement with negative behavior and/or to assist him or her in moving to a safer area.

Level-3 (B3) – Standing Assists: Two types of standing assists are approved as outlined below:

1. Cradle Assist – A staff member reaches under the youth's arms, grasps the wrists and secures the wrists toward the youth's hips, and "cradles" the youth, thus restricting movement.

2. Upper Torso Assist – A staff member reaches around the outside of the youth's arms from the rear and then pulls his or her (staff member's) hands, holding tightly to his or her own chest, thus restricting the youth's arm movement.

Either of the above interventions may be used until the youth calms down, or a higher level of intervention is deemed to be necessary.

Note: Any level 1, 2, or 3 interventions resulting in the youth falling to the ground or floor, striking a wall or other solid fixed object (desk, bed, pole, etc.), is considered to be a level 4 intervention at minimum. When involved in these types of disengagement and lower-level assists, staff shall be conscious of the need to use only minimal force and to maintain the youth in a standing position until the intervention is fully concluded.

Level-4 (B/4) – Assist to the Floor: Two types of floor assists are approved as outlined below:

1. Seated/Kneeling Cradle Assist – A youth who has already been placed into a Cradle Assist is assisted to a seated position on the floor by a staff member, who then ends up in a kneeling position and continues to maintain the Cradle Assist, restricting movement.

2. Seated/Kneeling Upper Torso Assist – A youth who has already been placed into an Upper Torso Assist is assisted to a seated position on the floor by a staff that continues to maintain the Upper Torso Assist hold on the youth, restricting movement. This level of intervention may be used until the youth calms down, or a higher level of intervention is deemed necessary.

Level-5 (C/5) – Supine Torso or Prone Torso Floor Assists: Three types of prone or supine floor assists are approved as outlined below:

1. Floor Assist to Supine Torso Assist with One Staff Member: A youth who has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper Torso Assist is further assisted to a more restrictive Supine Torso Assist. This occurs when the staff member reaches behind the youth, supporting the youth's head, and with his or her free hand reaches across the youth's body and places the youth onto his or her back.

   Floor Assist to Supine Torso Assist with Two Staff Members: A youth who has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper

Torso Assist is further assisted to a more restrictive Supine Torso Assist. This occurs when the staff rotate from a seated upper torso and face the youth from the opposite direction. Each staff member, using his or her arm that is closest to the youth, reaches under the youth's armpit area and move the youth back onto his or her back. This procedure is concluded by each staff member sitting snugly on the floor next to the youth and wrapping each of the youth's arms around his or her waist, or by placing the youth's hands above his or her head onto the floor in a "supine extension." The two staff member assist is the preferred method for executing a supine torso assist.

2. Floor Assist to Prone Bridge Assist: A youth that is smaller in stature than the staff member executing the assist and who has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper Torso Assist is further assisted to a more restrictive Prone Bridge Assist by the staff member. The staff member rotates the youth to a face-down position.

   The staff member then kneels next to the youth using the staff member's knees to help secure one of the youth's arms against the youth's side. The staff member then reaches across the youth's back and places both of the staff member's hands on the floor immediately next to the youth's free arm and secures it to the youth's side. If a second staff member is present, he or she can hold a bridge over the youth's calves to control any kicking.

3. Floor Assist to Prone Torso Assist: A youth who has already been placed into a Seated/Kneeling Upper Cradle Assist or Seated Upper Torso Assist is further assisted to the most restrictive position, the Prone Torso Assist by two staff members. The two staff members rotate the youth to a facedown position. The transition to face-down is methodical so as to protect the youth's face, neck and head from injury. Both staff members kneel next to the youth on opposite sides. Both staff members use their outside hands to hold the youth's elbow and slide the youth up to a sitting position on the floor while holding tightly to the youth's armpits. The youth's arms are then placed around the staff member's waist concluding the assist.

   The Prone Bridge Assist and Prone Torso Assist are not recommended for youth that are clinically obese, or that have known asthmatic, respiratory, substance abuse, cardiac problems or are taking psychotropic medications. Data collected nationally suggests that prone positions are more frequently associated with tragedies such as positional asphyxia. Youth with these conditions that are placed into a prone position are to be immediately placed into a Supine Torso Assist position, or placed into a seated position (mechanically restrained as necessary) until control is established.

   Note: In all level 5 positions, it is possible to add more staff to the intervention to increase safety. Supine or Prone Torso positions should never be used with any of the intervening staff member's body placed on the youth's head, neck or torso. Youth that are obese, that have breathing disorders, are pregnant or taking psychotropic medications should not be placed in a prone position.

Level-6 (C/6) – Chemical Intervention: The use of OC spray is considered the final level of authorized intervention in the force continuum. As appropriate, all other crisis intervention de-escalation techniques, including physical intervention, shall be employed prior to the application of OC spray. Staff shall only use the minimum amount of OC spray necessary to gain control of a situation and/or subdue the youth(s). The anticipated appropriate use of OC spray results in the application of individual one-second bursts; when properly deployed, each of which should equal no more than one-tenth to two-tenths of an ounce of OC propellant. All de-escalation/intervention efforts made prior to and during the application of OC spray are to be clearly documented within the narrative of the deploying staff PIR(s).

Note: Following an incident involving the use of OC spray, the duty supervisor shall take all deployed staff canisters, note the serial number and assigned staff of each canister, and take post-deployment canister weights. After this information is captured, the supervisor shall ensure that the weight of each staff member's canister is subsequently noted on the PIR SCM Review reports.

VIII. Physical Intervention Protocols

No policy or procedural statements can reasonably foresee all possible situations in which SCM techniques may need to be utilized. However, the Probation Department has identified three generalized situations in which physical intervention may need to be incorporated into the SCM process. It must be understood that the prevailing philosophy accompanying any physical intervention is that actions taken by staff must be necessary to assist the youth(s) out of a questionable or dangerous situation and into a safer environment. The three general situations in which physical intervention may be utilized as necessary are:

- Controlled Incidents – Physical intervention may be used, but only as directed by a supervisor that is on-scene and directing the safe conclusion of the incident.

- Uncontrolled Incidents – An immediate need exists necessitating the use of physical intervention, and time and circumstance do not allow for the presence of a supervisor on-scene.

- Mental Health Crisis – The use of soft restraints may become necessary in order to assist a youth experiencing a mental health crisis.

IX. Controlled Situations - Use of Least Restrictive Alternative

The following situations require that SCM de-escalation techniques be utilized to successfully resolve crisis situations without injury to youth or staff by utilizing the least restrictive alternative. Staff shall be cognizant of the need to exhibit restraint in their emotional responses to these situations and should balance their actions with the understanding that there are potential consequences to youth' acting out behaviors, which may include the filing of additional criminal charges, etc.

- Refusing to follow instructions resulting in a disturbance/disruption to the unit/facility program;

- Non-responsive to staff instructions, which seriously impacts the unit/facility program/operations;
- Banging or kicking doors, windows or other county property, resulting in a disruption/disturbance to the program and/or possible damage to property;
- Verbally threatening Probation staff, other youth, support staff or guests to the facility;
- "Gassing/Attempted Gassing" (spitting or throwing of bodily fluids) of Probation staff, youth, support staff or guests of the facility, but not being physically aggressive after the act;
- Throwing food at staff, youth, guests or camp support staff, but not being physically aggressive after the act;
- Assuming an immobile, aggressive stance with fists clenched;
- Irate/hostile behavior not involving physical aggression;
- Refusing to exit a room or area as directed; and
- Engaging in self-harming behavior(s) that are not life threatening.

Note: When supervising a Level 2 or Level 3 youth who fails to heed the instruction(s) of staff to cease engaging in self-harming behavior(s), staff shall call for backup assistance and immediately physically intervene to stop any self-harming behavior.

A successful conclusion is one in which compliance is voluntarily gained and the use of physical intervention is avoided, with both youth(s) and staff safely exiting the situation without harm. However, the need for physical intervention may occasionally be necessary to bring the matter to a safe conclusion. When physical intervention appears imminent, the supervisor, if not present at the time of the occurrence, must be summoned to the scene in order to take control of the situation and directly authorize the use of physical or chemical intervention, to bring the matter to a safe conclusion, and restore order if necessary.

When crisis situations arise, staff shall be cognizant of the environment in which they are operating. In order to further enhance the custodial and treatment environments, staff shall adhere to established routines and provide ongoing structure to the youth, which would include expectations and limitations that are clearly defined and actively enforced. Proper structure and positioning effectively limit the potential for incidents to occur.

In addition to structure, staff shall engage in prevention and strength-based intervention strategies (primary strategies) on a daily basis in order to develop relationships with all youth. Utilizing positive surface behavior management techniques such as humor, regrouping, restructuring and problem solving, assists in the development of these relationships. Differential reinforcement, which involves acknowledging appropriate

behavior while ignoring inconsequential behavior, and the employment of positive correction techniques, further enhances a structured, relationship-based environment.

When a crisis situation begins to develop, staff shall utilize approved de- escalation techniques. When compliance is gained, staff shall discontinue the de-escalation efforts. The techniques are as follows:

Request for Compliance with Instructions – When making requests of youth for compliance with instructions, staff shall do so in a fair and respectful manner.

Discussion/Counseling – Staff shall attempt to counsel or engage the youth involved in negative behavior through dialogue, in an attempt to de-escalate the situation.

Continued Dialogue – In a firm but non-threatening manner, staff shall clearly instruct the youth(s) engaged in non-compliance to cease the activity and comply with the request.

Staff Presence – Staff are to converge on the area where the incident is occurring. While converging, staff shall approach the area in a non-threatening manner, while at the same time, assessing the situation. Once present, staff may assist in isolating the situation and providing backup for staff engaging the youth(s).

Switching Staff (youth v. staff member) – If the youth is extremely angry or upset with the staff member trying to de-escalate the incident, another staff member shall take that staff member's place and attempt to counsel the youth, and continue the de-escalation process.

Secluding the Situation/Youth – If the youth do/does not comply with verbal instructions and additional staff have been called to the area, the youth shall be secluded from the rest of the group. Seclusion occurs in several forms. The preferred form of seclusion is where a youth is voluntarily secured in a room or another unpopulated area in which the incident has occurred. Since this is not always possible, when such occurs, secluding the youth in an empty area; or, as an alternative, a less populated location on the field (if outdoors) or a bench may be utilized, where the youth can be monitored. On occasion, it may be necessary to secure the youth for safety reasons, which may require that a more restrictive environment be identified. It is permissible to reduce ("slowdown") or halt program activities for the time necessary to handle (contain and restore order) a crisis situation. Programming shall resume following resolution of the crisis situation, as soon as order has been restored. The disruption to regular programming should be fully documented in the PIRs and the unit log book, including length of time.

Behavioral Chart Consultation – Staff experiencing continuing non-compliance with their requests and who are unfamiliar with the youth's special handling needs and/or special coding shall, circumstances permitting, consult the youth's behavior chart, the population and grade sheet, and/or the bed chart in an effort to assist in determining an appropriate course of action. Staff shall take note of any medical, serious mental health or developmental disability problems the youth may have that are not amenable to the

application of physical intervention and/or preclude the application of chemical intervention.

Mental Health Assistance – Probation staff shall request the assistance of mental health staff, if available, to counsel and assist the youth in regaining self-control while at the same time, encouraging them to comply with Probation staff requests.

Request Assistance From Movement Control – Once the crisis situation is isolated and previous efforts at gaining compliance have not been successful, the following shall occur:

- The shift leader shall contact MC and advise that there is a crisis situation which may result in physical intervention.
- The facility office staff shall notify the duty supervisor, and shall dispatch additional staff to the building or location of the occurrence, to assist with the situation.
- The shift leader shall retain control of the situation and assign arriving staff to strategic positions within the unit/scene of occurrence, presenting a non-threatening yet numerically sufficient presence (show of force), to assist in convincing the youth that it is in his or her best interest to comply with staff instructions.
- To avoid escalating the situation, the youth shall not be crowded. Staff shall remain at a discreet distance while counseling takes place.
- If the show of force is not sufficient to gain voluntary compliance, the shift leader must request that a supervisor respond to the building to assist in the situation.

Request a Supervisor to Respond to the Unit – Prior to any intervention being employed, the duty supervisor (or any other supervisor) must be contacted, if available, and asked to assist with the situation. If the unit supervisor is not available, the duty supervisor must be contacted and asked to assist. The duty supervisor must assign an available supervisor to respond to the location to assist. If there is no other supervisor available, the duty supervisor must respond to the location.

Note: Staff is prohibited from initiating a physical intervention in a controlled/contained situation without a supervisor present at the location, unless the youth becomes physically aggressive, attempts to leave the immediate area or engages in life threatening self-harming behavior.

Duty Supervisor Assumes Control Of The Situation – Upon arrival at the location, the supervisor shall assume complete control of the situation from the shift leader. Thereafter, all staff on-site shall take direction from the supervisor until the situation is resolved. The supervisor shall:

- Consult with the unit shift leader regarding the situation.

- Devise a plan for handling the situation and discuss it with staff present as appropriate.
- Position staff to safely affect an appropriate physical intervention, if necessary.
- Counsel the youth in an attempt to gain compliance.
- Direct the youth to comply.
- Explain to the youth the consequences of non-compliance.
- Make one last attempt to gain compliance.
- If compliance does not occur, the supervisor shall instruct staff to physically assist the youth out of the area utilizing the least restrictive level of force necessary.
- If youth resists attempts to be physically removed from the area, the supervisor shall direct increasing levels of physical force, including chemical intervention and the application of mechanical restraints, as deemed appropriate.
- Direct the shift leader to ensure that all post-intervention protocols are followed, including having the youth medically examined.
- Ensure that all staff present, whether involved in the physical intervention or present (as witnesses) at the scene, prepare PIRs/SUP-PIRs following containment.
- If the physical intervention was approved, directed and witnessed by the supervisor, the supervisor is also required to complete a PIR/SUP-PIR, as appropriate.

Note: If a staff member attempts to physically stop a youth from causing serious self-injury involving the use of a sharp object or ligature around the neck, etc., and the youth physically resists staff efforts to stop his or her attempt at self- harm, the situation shall be considered to have escalated into an uncontrolled situation and physical intervention may be employed. The type and level of intervention utilized and the reason for that particular level of intervention must be clearly articulated in the PIR.

X. Uncontrolled Situations – Most Restrictive Alternatives

The following situations occur quickly and require staff to respond immediately, utilizing more restrictive alternatives on an escalating basis, to prevent injury to youth or staff and/or to protect the community:

- Major disturbance

- Physical assault upon a staff member
- Physical assault upon youth by another youth
- Fights (mutual aggression)
- Attempts to escape outside of the immediate living areas
- Serious destruction of property (breaking windows, light fixtures, doors, etc.)
- Level 2 or 3 Enhanced Supervision status youth attempting to leave a direct supervision area
- Level 2 or 3 Enhanced Supervision status minor engaging in any type of self-harming behaviors
- Any youth engaged in a life-threatening mental health crisis who initiates self-harming behaviors likely to result in serious harm if allowed to continue

The following SCM techniques shall be employed to de-escalate these situations and bring them to a safe and successful conclusion:

Verbal Command – In an appropriately loud, commanding (firm) voice, staff shall clearly instruct/order the youth engaged in negative activity to cease their involvement. Staff shall then immediately call for backup.

Staff Presence - Staff are to converge on the area where the incident is occurring. While converging, staff must continuously instruct/order youth in an appropriately loud, commanding (firm) voice, to cease negative activity.

Application Of Physical Intervention – If verbal commands and staff presence fail to achieve the desired cessation of negative behavior, physical intervention shall be employed utilizing the least restrictive level (in an escalating manner, as directed by the circumstances) in order to contain the situation and restore order.

Cease Activity Warning/OC Spray – If physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical restraint, staff shall provide a warning to youth involved in the incident regarding the intended use of chemical intervention by clearly stating in a loud voice, "OC warning!"

Application Of OC Spray – If the OC warning fails to achieve the desired cessation of escalating behavior, OC spray may be deployed. Staff shall ensure that all post-OC spray application protocols are properly observed involving each instance in which OC spray is deployed.

Note: In instances where a disturbance is occurring involving several youth, or a staff member is under physical assault by a youth or group of youth, the immediate utilization of chemical intervention is permissible, following the issuance of a verbal OC warning. The immediate need to utilize chemical intervention must be clearly articulated in the SCM PIRs and SUP-PIRs. Staff shall also be aware, insofar as possible, of youth for whom exposure to chemical restraint is contraindicated (e.g., youth receiving psychotropic medications, who are asthmatic and/or have respiratory problems, and/or are clinically obese, etc.), and should avoid whenever possible, exposing said youth to chemical agents.

Youth on Level 3 Enhanced Supervision status are considered to be at high risk of self-harm or suicide. The level of supervision afforded to these youth is very high. These youth may find ways to engage in self-harmful activities even while under round-the-clock, direct line-of-sight supervision. As such, staff assigned to supervise these youth must:

- Ensure that the youth's hands, arms, neck and head are clearly visible at all times.
- Ensure that a Level 3 Enhanced Supervision status youth's attempts to escalate negative behaviors are addressed and appropriate physical interventions are immediately initiated when necessary.
- Physically stop a Level 3 Enhanced Supervision status youth's attempt(s) to leave their room or area of supervision without permission.
- Ensure that Level 3 Enhanced Supervision status youth are never out of staff member's line of sight, especially when using the restroom and showering.

XI. Mental Health Crisis – Application of Soft Restraints

Soft restraints (padded leather restraining devices and helmets) are primarily used to control youth experiencing medical or psychiatric problems, such as those who are under the influence of drugs, demonstrating suicidal behaviors, or who are a danger to self or others. Only staff trained and certified in the application of soft restraints may apply them.

Soft restraints may be applied only after receiving approval from a facility supervisor, Director or Superintendent. Mental Health staff are prohibited from authorizing the application of soft restraints for youth. Any application of soft restraints must be clearly and thoroughly documented in a PIR. Policy and procedures regarding the application of soft restraints are provided in Section XVIII of this policy, entitled Soft Restraint Application for Mental Health Crisis Situations.

XII. Safe Crisis Management – Physical Intervention Reports (PIR and SUP-PIR)

All staff members who are involved in, witness to and/or on duty during a shift wherein a crisis situation occurs and is resolved through the use of physical or chemical intervention, shall complete a PIR or SUP-PIR (as appropriate) immediately

following the incident, but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM; 2:00 PM to 10:00 PM; or 10 PM to 6:00 AM) in which the incident occurs, or, as otherwise directed by the duty supervisor. Staff shall be sensitive to the fact that a degree of urgency exists in completing the PIR as soon as possible.

Within fifteen minutes of containing an incident, the shift leader (or other staff as designated by the shift leader), shall contact the duty supervisor and advise him or her that an SCM incident occurred. Each incident shall receive an incident number, which shall be noted on all PIR and SUP-PIR documents as generated by PCMS. This incident number shall be affixed on any other supplemental document (e.g., Mental Health Consultation Forms, SCM Soft Restraint Logs, etc.) generated by staff as a result of this incident. Each facility shall also receive a facility-generated SCM incident number, which shall be provided by the duty supervisor upon the incident being reported to the duty supervisor.

The written report in section N of the PIR must be a clear and comprehensive account of the entire incident, including the precipitating factors that led to the use of physical or chemical interventions, as well as the de-escalation efforts utilized to bring the incident to a safe conclusion. The PIR shall contain, but not be limited to, the following elements at minimum:

- Notation regarding the date, time, specific location and facility where the incident(s) occurred
- Notation as to the type of incident (i.e., controlled, uncontrolled or Soft Restraint)
- Notation of the type and level of force utilized
- Names and identifying information of the staff involved in or witness to the incident(s)
- Notation regarding the number of youth present in the general area where the incident occurred
- Notation regarding the number of staff present in the general areas where the incident occurred
- Names and identifying information of the youth involved in the incident(s)
- Notation of any injuries sustained by the youth as a result of the incident(s)
- Notation of any injuries sustained by any staff as a result of the incident(s)
- Notation of the time the youth was presented to the nurse by Probation staff

- Notation of the medical staff (nurse) regarding treatment rendered to the youth
- Clear description of what precipitated the use of physical and/or chemical intervention
- Clear description of all de-escalation techniques employed
- Clear description as to why the incident occurred
- Notation of the request for and the presence of a supervisor, as appropriate
- Clear justification (explanation) as to why that particular level of force was utilized, especially at levels 4, 5, and 6, instead of utilizing a lower level of force
- Clear description as to how the intervention(s) was/were performed and by whom
- Clear notation of where staff were positioned just prior to and during the incident
- Notation regarding the time handcuffs/soft restraints were applied and removed, and by whom
- Full description of OC spray post-deployment de-contamination protocols observed clearly articulated in the PIR(s), whenever chemical intervention occurs

Medical Assessment of Youth – Any youth involved in a physical intervention incident shall be referred to medical staff for assessment within 30 minutes following containment of the occurrence. It is expected that medical staff shall assess the youth immediately upon presentation. Medical staff shall document the findings of their examination on page 4, Section P of the PIR, citing their observations and any treatment proffered, along with the date and time of the youth examination. Probation staff shall present page 4 of the PIR when delivering the youth for examination, after which staff shall ensure that the nurse's comments are entered into the PIR generated by PCMS. Staff shall then follow the guidelines of Directive 1226, which outline the process for entering the nurse's comments into the PIR in PCMS and the processing of the document containing the nurse's handwritten comments.

In situations where there is no nurse on duty, upon containment of the incident, the youth shall be referred to the duty supervisor for assessment of any injuries within 30 minutes following containment of the occurrence. The duty supervisor shall ascertain from the youth whether the youth has sustained any injury. If the youth does not appear to have sustained a serious injury, the duty supervisor shall log the incident

into his or her log book, and ensure that the youth is referred to the nurse as soon as practicable.

Upon the youth being presented, Medical staff shall document the findings of their examination onto page 4, Section P of the PIR, citing their observations and any treatment proffered, along with the date and time of the youth examination. Probation staff shall present this page when delivering the youth for examination, after which staff shall follow the guidelines of Directive 1226, which outline the process for entering the nurse's comments into the PIR in PCMS and the processing of the document containing the nurse's handwritten comments.

The duty supervisor shall, at the time of assessment, ascertain whether or not the youth appears to have sustained an injury to the head, neck or spine. If a head, neck or spinal injury appears to have occurred, the duty supervisor shall treat this type of injury as a potentially serious injury and shall follow the serious injury treatment guidelines below:

A *less serious injury* is generally one that requires assessment and treatment by medical staff at the facility and allows the youth to return to his or her regularly assigned unit or the SHU, or be housed in the Medical Observation Unit for observation purposes only.

A *serious injury* is one that requires that the youth be sent to a local hospital for treatment of the injury, which typically would involve treatment such as sutures, the setting or realigning of fractured or displaced bones, assessment for internal injuries, or hospitalization. In the absence of medical staff on site, supervisory staff who asses youth and determine that the youth appears to have sustained a serious injury that appears to be potentially life-threatening shall call 911 for immediate paramedic assistance. In other instances where there is serious injury, or an injury to the head, neck or spine that does not appear to be life threatening, the supervisor shall contact on duty medical staff for direction as regards whether to send the youth to a local hospital.

In situations where staff are either at a court location or transporting a youth from one point to another, and OC spray is utilized and there is no nurse immediately available, paramedics must immediately be contacted via the 911 system to come to the location to assess the youth's medical condition. In the interim, staff shall attempt to decontaminate the youth with resources immediately available, if any. Staff shall advise their immediate supervisor of the use of OC spray as soon as practical after the incident is contained and paramedics have been contacted. Staff shall document the time the paramedics were notified and the time of arrival at the location, as well as any treatment rendered to the youth in Section N of the PIR. Any documentation obtained from the paramedics should be attached to the PIR. Upon returning the youth to any juvenile facility, the duty supervisor at the facility shall be advised of incident's occurrence, and shall ensure that the youth is medically assessed as outlined above.

Probation Referral of Youth to Medical Staff for Assessment – At the conclusion of a physical or chemical intervention incident, Probation staff shall document in section *N* (narrative section) the exact time that youth were

presented for a medical examination to be performed in the PIR. A youth is considered to have been made available for assessment upon his or her arrival at the medical unit/nurse's office at any facility, other area designated for the performance of medical examinations or, upon the nurse's arrival to the incident location.

Request for Mental Health Consultation – A *Request for Mental Health Consultation* form must be completed for any youth involved in a situation in which physical or chemical intervention is utilized. The preparation of this form shall be noted in section H of the PIR. In addition, staff shall be cognizant of youth involved in crisis situations that did not require physical interventions but may still be in need of appropriate crisis interventions. These youth shall also be referred for mental health assessment(s).

XIII. Shift Leader Review of PIR

Once the nurse has completed his or her assessment, the completed PIRs/SUP- PIRs shall be forwarded to the shift leader for signature review, verifying content and completeness. The shift leader shall forward the completed PIRs/SUP-PIRs to the duty supervisor for final review and approval. The shift leader shall coordinate these processes no later than the end of the 8-hour shift (6:00 AM to 2:00 PM, 2:00 PM to 10:00 PM or 10 PM to 6:00 AM) in which the incident occurred or as otherwise directed by the duty supervisor. Shift leaders shall be sensitive to the fact that a degree of urgency exists in completing the PIR as soon as possible.

XIV. Duty Supervisor Review and Approval of PIR/SUP-PIR

Upon completion, the PIRs, SUP-PIRs, Mental Health Consultation forms, and any other pertinent documents shall be forwarded to the duty supervisor for review. The proper completion of all requisite documentation, as referred to above, shall be assessed and reviewed by the duty supervisor (or back-up duty supervisor in juvenile hall) as soon as possible following the incident, but no later than the end of the 8-hour shift (6:00 AM to 2:00 PM, 2:00 PM to 10:00 PM or 10 PM to 6:00 AM) in which the incident occurred. Duty supervisors shall be sensitive to the fact that a degree of urgency exists in completing the PIR packet as soon as possible. After ensuring that all documents are present and have been properly prepared, the duty supervisor shall sign the report and ensure copies are distributed internally within the facility as required by staff.

When reviewing and completing the PIR packet, the duty supervisor shall ensure that the following items/issues are properly addressed and documented before signing the report:

- The unique incident number shall be affixed to each page of each PIR or SUP-PIR in the upper right-hand corner of the document.

- The incident number and attendant information is logged into the facility's SCM log retained in the duty supervisor's office.

- Youth involved were presented to the facility nurse (if available) within 30 minutes of incident containment, or as soon as practical if no nurse was on-site at the time of the occurrence, for a medical examination to be performed. If the youth was not seen by the nurse within 30 minutes, the PIR should clearly address the reason for the delay.

- Chemical intervention incidents: ensure that all post-deployment protocols are properly observed and timelines documented (in PIRs) for all youth exposed to chemical agents (including decontamination with cool water, exchange of clothing, presentation for medical assessment, temporary assignment to L 3 Enhanced Supervision status, followed by one hour of post-medical assessment line-of-sight monitoring (or, if no assessment is available to be performed, one hour of monitoring following completion of decontamination protocols).

- Mental Health Consultation(s) were prepared for any youth involved.

- Child Safety Assessment (CSA) forms were properly completed for each youth involved.

- All staff participating in the intervention or witness to same, or on duty in the unit when the incident occurred, prepared and submitted complete, accurate PIR(s)/SUP-PIRs for the incident.

- Ensure that copies of the PIR(s) are distributed as per Bureau requirements.

The PIRS and SUP-PIRs and their attendant and required documents shall be forwarded for use in the facility's SCM Review process as outlined below:

Upon reviewing and approving the PIR packet, the duty supervisor shall assign an available facility supervisor to conduct and document a CSA for each youth involved in the incident as outlined in the supervisory SCM Review process. Upon completing the CSA(s), the assigned supervisor shall forward the completed CSAs, and any other documents generated during CSA process, to the duty supervisor for attachment to the original PIRs. The completed PIR packet, with the CSA documents included, shall be placed in the facility's secure SCM Review lock box. Supervisory staff shall be cognizant of the need to keep these documents safe and secure pending placement in the lock box. Copies of the PIR packets shall be provided to the Superintendent, Division Director, unit supervisor, the youth's file and the SCM lock box.

Note: If a supervisor becomes physically involved (i.e., utilizes SCM physical intervention techniques on any youth) during the incident, a Director must conduct the SCM Review.

XV. Post Incident Review Process

Each SCM incident that occurs during which a physical or chemical intervention is employed shall be formally reviewed by the facility's SCM supervising coordinator as soon as practical after its occurrence. The SCM supervising coordinator shall fully review the PIR packet generated by the duty supervisor and shall interview the involved youth, other youth present (possible witnesses) and civilian witnesses, support staff, school faculty and/or administrative staff present who may have witnessed the events, as applicable. The SCM Supervising Coordinator shall, after reviewing the PIRs, CSAs, affidavits and interviewing percipient witnesses, shall determine the appropriateness of the involved intervention (physical, chemical or soft restraint). Incidents involving an intervention that does not appear to have been necessary or that was inappropriately performed (using unnecessary or excessive force), or otherwise fails to fall within established Probation Department policies and procedures, shall be referred to the facility Director, Superintendent, or the Probation Department's Special Investigations Unit for further administrative review and/or formal investigation.

1006 MECHANICAL RESTRAINTS

The Probation Department authorizes the use of mechanical restraints in an effort to keep youth safe in certain crisis situations where a youth's behavior cannot be controlled through less restrictive means, as well as for transportation purposes. Mechanical restraints refer to any devices that immobilize an individual's extremities.

It is the policy of the Probation Department that restraints shall not be applied as a form of discipline, retaliation or punishment. The application of mechanical restraints to limit the movement of a youth's extremities for reasons other than transportation purposes shall be undertaken only in appropriate circumstances.

The facility manager may delegate authority to place a minor in restraints to a physician.

Probation Department policy prohibits "hog-tying," which is defined as any procedure wherein mechanical restraints are applied to both the hands and feet, and then drawn together and secured behind the back.

XVI. Authorized Mechanical Restraints

Restraint devices authorized for use by the Probation Department consist of hard mechanical restraints (i.e., handcuffs, leg irons, shackles, waist-chains, and plastic flex-cuffs) and soft mechanical restraints (i.e., padded leather wrist and ankle restraints, and safety helmets). At least two staff members must be present whenever possible when mechanical restraints are applied, except in emergent situations. Whenever possible, prior approval for the utilization of mechanical restraints shall be obtained from a supervisor, except for transportation purposes within a custodial facility or during transport from one facility to another.

Restraints applied to youth for the sole purpose of transporting them within or outside of the facility shall be correctly and securely applied, double-locked to prevent inadvertent tightening and injury to the youth, and shall remain in place only

for the period of time necessary to facilitate the transportation of the youth from one secure location to another.

Restraints applied to protect youth from harming themselves or others, to prevent escape, or to prevent destruction of property shall be applied utilizing only the minimum amount of force necessary in order to control the resisting youth and keep them safe while the restraints are applied. Restraints shall be correctly and securely applied, double-locked to prevent inadvertent tightening and injury to the youth, and should only be applied for the period of time necessary to enable the youth to regain control to the point in which he or she no longer presents a threat to themselves or others.

Youth who are under the influence of drugs, experiencing a mental health crisis, or unable to regain control of their emotions after being placed in hard restraints, shall be placed in soft (leather) restraints as soon as possible after receiving authorization from a facility supervisor, Director or Superintendent.

Mechanical Restraints shall not be used to secure a youth to a fixed immovable object or the inside of a transporting vehicle. Gurneys and/or beds in hospitals that are mobile and can be rolled out of the medical facility in an emergency are not considered to be fixed immovable objects. It is, therefore, permissible to secure a youth to a mobile medical gurney to facilitate medical treatment. However, should it be deemed necessary to remove and adjust the restraints of a youth in order to facilitate treatment at a medical facility, staff must in all instances, contact the duty supervisor, explain the situation and obtain authorization to remove or adjust the restraints.

Female youth that are pregnant shall generally not be restrained by the wrists or ankles, or both, during labor, including transport to the medical facility, during delivery, and while in recovery after giving birth (WIC Section 222, subsection b). Should extreme security needs indicate, as determined by the duty supervisor, that the youth be restrained during transport from the facility to the medical center, the youth shall be restrained in the least restrictive way possible, generally with hands cuffed in front. The youth's ankles shall not be shackled at any time. Upon arrival at the medical facility, and upon the attending physician determining that the youth is in active labor, all restraints must be removed for the duration of labor, delivery and recovery periods. The duty supervisor shall ensure that sufficient staff are assigned to provide needed supervision to protect the youth, hospital personnel and the public during this process.

XVII. Hard Mechanical Restraints

Approved hard mechanical restraints include handcuffs, leg irons, shackles, waist-chains, daisy chains and flex-cuffs. These devices are generally used to restrict range of motion. Hard restraints may be used to temporarily immobilize youth' extremities in order to facilitate transportation, or they may be applied to protect youth from harming themselves, others, or to prevent destruction of property when existing behavior controls are ineffective.

Handcuffs: Handcuffs shall be used during transportation of youth, or when sound judgment indicates that there is no less restrictive method of restraining youth who are in immediate danger of injuring themselves, others, and/or pose a serious threat involving the destruction of property. Only Departmentally- approved handcuffs (Smith and Wesson or Peerless brands) may be used for this purpose.

When handcuffed, a youth's hands shall be cuffed behind the back with the palms facing outward. Handcuffs shall be applied to one hand at a time, with the second (free) cuff being held in the staff member's hand until it is applied and secured to the youth's other wrist. This is to prevent the youth from pulling free and using the dangling cuff as a weapon. Handcuffs shall be double-locked, with the keyhole facing upward, in order to prevent them from becoming too tight on the youth's wrist, resulting in injury. Handcuffs shall be removed when the youth is in a secure setting and otherwise able to exercise self-control.

When handcuffs are applied to youth housed in SHUs to control their aggressive behavior, they shall remain on for no more than fifteen minutes. If, after fifteen minutes, there is a perceived need for the youth to remain restrained, the youth shall be transitioned to soft restraints (padded leather wrist/ankle restraints, not flex-cuffs) and the procedures for the application of soft restraints must be followed. Situations such as these are to be clearly documented in the PIR. Metal leg restraints (leg-cuffs) shall not be used within SHUs to restrain aggressive youth under any circumstances. Leg restraints may only be applied for the express purpose of transporting high-risk youth out of the SHUs.

When handcuffs are applied to youth housed in Enhanced Supervision Units (ESUs) to control their aggressive behavior, they shall remain on for no more than five minutes. If, after five minutes, there is a perceived need for the youth to remain restrained, the youth shall be immediately transitioned to soft restraints (padded leather wrist/ankle restraints) and the procedures for the application of soft restraints must be followed. These situations, and their attendant time frames, are to be clearly documented in the PIR and SCM Soft Restraint log.

Except for the specific purpose of transporting youth, following the use of handcuffs and after removal, the youth shall be referred to medical staff for medical assessment. Medical staff shall examine the youth and assess whether or not the youth sustained injury as a result of the application of restraints, and shall record their findings.

A *Request for Mental Health Consultation* form shall be submitted when restraints are applied for a purpose other than to transport. The use of handcuffs shall be recorded on a PIR prepared by all participating staff, indicating why the restraints were applied, as well as the times that the restraints were applied and later removed. Staff shall also notate on their respective PIRs who authorized the restraints to be utilized, along with any indication of injury observed, and the time in which the youth(s) was/were presented to medical staff for assessment.

Flex-cuffs: Flex-cuffs are hard restraint devices that are intended to be utilized only in emergent situations within the facility to restrain youth who are in imminent danger

of injuring themselves, others, or who present a serious threat to damage property when handcuffs are not immediately available. Staff may carry flex-cuffs on their person on a County-issued utility belt when so authorized. Flex-cuffs available for use in juvenile facilities generally come in two forms:

- Flat Flex-cuffs – Consist of individual strips of flat, pliable nylon, approximately 18-24 inches long, that can be wound around the crossed wrists of an individual, with one end of the plastic strip inserted into a squared-end-ratchet on the other end and pulled taught, thus securing the crossed wrists of the individual being restrained.

- Handcuff Flex-cuffs – A plastic device that has two strips of flat, pliable nylon protruding from its base. Each of the strips is designed to be wound around a specific wrist of the individual being restrained. After being wound around the wrists, the ends are then individually inserted into pre-designated slots at the base and secured.

When utilizing flex-cuffs, a youth's hands shall be cuffed behind the back with palms facing outward. Flex-cuffs do not have a safety-locking mechanism and care shall be taken to ensure that they are not applied too tightly on the youth, as it may inhibit circulation. Flex-cuffs are only to be used for short periods of time and shall be removed when the youth is in a secure setting, and otherwise able to exercise self-control, or alternative mechanical restraints, such as handcuffs or soft restraints, can be safely applied. When flex-cuffs are removed, the youth shall be referred to medical staff for an assessment. Medical staff shall examine the youth and assess whether or not any injury was sustained as a result of the application of restraints. The use of flex-cuffs shall be recorded on the PIRs prepared by all participating staff and shall indicate why the restraints were applied, the time applied, who authorized their application, the time removed, and a notation by the staff involved as to any indication of injury, along with the time in which the youth was/were presented for medical assessment(s).

A Request for *Mental Health Consultation* form shall be prepared and submitted when flex-cuffs are employed for any purpose other than to transport a youth.

Shackles: Shackles consist of handcuffs that couple the youth's hands together, and larger-sized handcuffs (leg-irons) affixed to each leg which are chained together, limiting the movement of the youth's upper and lower extremities. Generally, when available, shackles may be utilized for movement of youth between facilities or to medical appointments, but may include movement within a facility if the youth is of high-interest, unfit, presents a serious threat for escape, or otherwise has a history of violence against staff. Shackles may also be utilized to control youth in the court holding area as deemed appropriate, or as ordered by the court.

When shackles are not available, handcuffs and leg irons shall be utilized for these movements. Leg irons are to be applied in such a manner that the keyhole for each of the leg-cuffs faces downward upon application. When applying leg restraints, the staff member shall have the youth kneel (on a chair, if possible) and apply the leg

restraints one at a time. As the first leg-cuff is applied, the staff member is to retain control of the second cuff in his or her hand until it is applied to the other leg. This prevents the youth from pulling free and using the other leg cuff as a weapon. Leg-cuffs shall be double-locked, with the keyhole facing the ground, to prevent them from becoming too tight on the youth's leg. Leg-cuffs shall be removed at the conclusion of the transport to a secure location.

Daisy Chains: Daisy chains consist of several pairs of handcuffs connected to a strong chain at approximately three-foot intervals. They may be utilized within the facility when transporting groups of youth from one location to another during sleeping hours, or during times of facility unrest. They may also be utilized during the transport of youth between facilities.

Securing Restraints: Staff applying restraints shall ensure that the restraints are applied correctly and safely. Handcuffs and leg-cuffs shall be placed securely and comfortably upon the youth's wrists and legs, as deemed necessary and appropriate. They are to be double-locked to prevent youth from inadvertently or intentionally tightening them and inhibiting circulation. These restraints must be removed immediately upon completion of the movement or activity necessitating their use, as appropriate.

A medical referral or *Mental Health Consultation Request* is not necessary in situations where the application of shackles is used to facilitate movement, and does not involve physical intervention to control aggressive or violent behavior. If the movement or activity is completed without incident, a PIR is not required.

XVIII. Soft Restraint Application for Mental Health Crisis Situations

Soft restraints (padded leather restraining devices and helmets) are used primarily to control youth experiencing medical or psychiatric problems, such as youth under the influence of drugs, those demonstrating suicidal behavior, or otherwise presenting a danger to self or others.

Soft restraints may only be applied after receiving approval from a facility supervisor, Director or Superintendent. Medical and Mental Health staff are prohibited from authorizing the application of soft restraints in juvenile facilities. Only peace officer staff trained and certified in the application of soft restraints shall apply them. The shift leader in the unit where soft restraints are placed in use shall be responsible for completing a PIR and ensure that all soft restraint application requirements, and supervision and documentation protocols, are followed.

Youth placed in soft restraints shall be isolated from other youth in the facility in so far as possible. Upon being placed into soft restraints, the youth(s) shall immediately be placed on Level 3 Enhanced Supervision status. While on Level 3 status, the youth shall be supervised by one staff member, whose only responsibility is to supervise the youth in soft restraints. Every 15 minutes, the supervisor that authorized the placement of the youth into soft restraints shall check on the youth's condition and the need for continued restraint, until such time as the restraints are removed. The shift leader in the SHU or ESU is authorized to communicate this

information to the supervisor telephonically when extenuating circumstances exist that preclude the supervisor's presence. Such circumstances shall be clearly explained in the PIR.

A *Request for Mental Health Consultation* form shall be completed and submitted to DMH whenever soft restraint devices are applied, so that a clinician may conduct an assessment of the youth. A copy of the form shall be attached to the shift leader's PIR that is submitted for the incident.

It is permissible to place the youth in a prone position for the purpose of applying soft restraints; however, once placed into soft restraints, youth are not to remain in a prone position. As soon as the restraints are applied, the youth shall be placed on his or her side, or in a sitting position, as deemed appropriate for the situation.

Soft restraints may be applied for a maximum of two hours, if not used in conjunction with mechanical (hard) restraints. If the latter occurs, the mechanical restraints may only be utilized for a maximum of 15 minutes, after which the youth shall be transitioned into soft restraints, which can only remain in use for a maximum of one hour and 45 minutes. This provides for a total maximum time in combined hard and soft restraints of two hours. An extension of time in soft restraints shall be made only at the direction of the facility Director or Superintendent, and only for extreme circumstances that must be fully explained in the PIR prepared by the shift leader.

It's important to note that Probation Department policy prohibits "hog-tying," which is defined as any procedure whereby mechanically restrained hands and feet are drawn together and secured. This prohibition includes the use of soft restraints.

When a youth is placed in soft restraints, the shift leader is responsible for ensuring that the *SCM Soft Restraint* log is properly completed. This log documents each of the activities that occurred prior to the application of soft restraints, those activities that occurred while the restraints were in use on the youth and immediately following their removal. The staff assigned to supervise the youth shall initiate an *Enhanced Supervision Observation* form and shall document the youth's behaviors and staff observations every fifteen (15) minutes on the form. Staff shall also document any visits by supervisors, Mental Health or medical staff on the form during the requisite time periods. This form shall be maintained throughout the youth's placement in soft restraints, with each fifteen minute timeframe clearly articulated with attendant time frames noted. The form shall be maintained by and in immediate proximity to the staff providing supervision of the youth(s). The backside of the *Enhanced Supervision Observation* form may be utilized by the staff to provide additional summary information related to the youth's behaviors if needed. The *Enhanced Supervision Observation* form shall be maintained separate and apart from any required logbook, behavioral file, PCMS or Record of Supervision documentation. The completed *SCM Soft Restraint* log and Enhanced Supervision Observation form shall be reviewed, approved and signed by the shift leader at the conclusion of the youth's removal from soft restraints. The original copies of the SCM Soft Restraint log and the Enhanced Supervision Observation form are to be attached to the shift leader's PIR. Copies are to be placed in the youth's behavior file. Copies of these

documents shall also be provided to the facility Director with responsibility for the SHU or ESU. The Director shall maintain copies of all *SCM Soft Restraint* logs and *Enhanced Supervision Observation* forms (stapled together) in a file, for a period of twenty- four months from the time of the occurrence. This file shall be subject to audit review.

The application of soft restraints is considered a reportable physical intervention technique and must be documented as such on the PIR and SUP-PIR forms, by all participating and witness peace officer staff present when the incident occurs. This documentation protocol is to be observed even in instances in which only portions of the soft restraint devices are utilized (e.g., just the helmet or just hand or feet restraints are employed). Copies of the *Request for Mental Health Consultation* form and the *SCM Soft Restraint* log shall be attached to the shift leader's PIR.

Medical Assessment for Youth in Soft Restraints - Upon the initial application of soft restraints, medical staff shall immediately be summoned to assess the youth's circulation and ensure that the application of restraints is proper and safe. If adjustments in the restraints are made at any time after medical staff has checked the youth, medical staff must be summoned once again to ensure that the application of restraints are proper and safe. Upon removal of restraints, medical staff must again be summoned to examine the youth. Medical staff shall record their findings in the shift leader's PIR and in the youth's medical record.

Mental Health Support for Youth Experiencing a Mental Health Crisis - When a youth experiences a serious mental health crisis, which requires placement in soft restraints during DMH duty hours, the on duty Mental Health therapist shall be summoned to the location of the crisis incident to assess the youth's mental health condition and provide mental health services, as appropriate. These services may include, but not be limited to:

- Providing strategies for Probation staff to follow in addressing the youth
- Recommendations for alternative interventions, including medication
- Referral to a higher level of care either within or outside of the facility

Should an incident occur after hours that is not resolved within 45 minutes, and no DMH clinician is on duty in the facility, the assistance of a DMH clinician or psychiatrist shall be obtained. The duty supervisor shall contact the supervising nurse (or designee), who shall contact the DMH on-call psychiatrist who shall provide telephonic consultation to medical staff and/or Probation staff; encompassing recommendations as how to best handle the situation as presented. If no nursing staff are on duty, the duty supervisor shall personally contact the DMH on-call psychiatrist. If the duty supervisor is unable to contact the on-call psychiatrist, the duty supervisor shall contact the DMH Program Head for the facility.

XVIII. Alternative Restraint Devices

The use of alternative soft restraint devices, such as the body wrap, is prohibited within juvenile facilities.

XIX. Applying Restraints to Youth Detained Pursuant To 1209 CCP

From time to time, 601/300 WIC youth (Dependency Court cases) may be detained in juvenile hall by court order pursuant to 1209 CCP. These youth are not to be handcuffed, nor shall restraining measures of any kind be employed on them while in custody, unless they present a significant escape risk, attempt self- harm or attempt to harm others. In each instance where one of these youth must be handcuffed or otherwise restrained, authorization of the duty supervisor must be obtained prior to the application of the restraining device, except in emergency situations.

1007 CHEMICAL RESTRAINT PROCEDURES

XXII. Chemical Restraint – Oleoresin Capsicum (OC) Spray

OC spray is considered the final and ultimate authorized alternative within the Probation Department's SCM continuum of force policy for juvenile facilities. As appropriate, all other crisis intervention/de-escalation techniques, including physical intervention, shall be employed prior to the application of OC spray. Staff shall use only the minimal amount of OC spray necessary to gain control of the situation and/or subdue the youth. All de-escalation/intervention efforts initiated on behalf of the youth prior to and during the application of OC spray are to be clearly documented in all PIRs.

XXII. Authorization to Use Chemical Intervention (OC Spray)

The use of chemical intervention is authorized under PC 12403, to control behavior and restrain or subdue imminent or actual violent behavior by a youth. Only appropriately trained, and Department certified and authorized, staff are permitted to use chemical intervention.

Facility Superintendents, Directors and the Director of Transportation, as authorized by their respective Bureau Chiefs, shall designate those persons within their respective operations permitted to use chemical intervention within the scope of their peace officer duties. Authorizations for such use are contingent upon the following criteria:

- Staff must have completed the approved PC 832 Chemical Agents Course and be POST certified.
- Staff must be on duty and authorized through the chain of command to have possession of OC spray
- Staff must have read and understood the Probation Department's SCM policy.

- Staff are permitted to use only the OC spray canisters issued by the Los Angeles County Probation Department, and the use of any other chemical intervention device is strictly prohibited.

- The use of OC spray in a moving vehicle is strictly prohibited. Should it be necessary to utilize OC spray during the transport of youth from one location to the other, the vehicle must be moved to the side of the road, completely stopped, and the gear shifted to the park position before the canister may be discharged.

XXIII. Issuance and Accountability of OC Spray Canisters

Staff members authorized to carry OC spray shall be issued an OC spray canister and belt pouch. The issued canister shall have an identifying number for each staff member printed on the bottom of the canister using indelible ink. Staff shall not deface or remove this identifying number, or the canister serial number, for any reason. Upon issuance, the canister shall be weighed and the canister weight, serial number, and the employee's identifying number recorded in an electronic database maintained by the facility. Staff are required to maintain secure possession of their individually assigned canisters at all times. Staff shall not have more than one canister issued to them. Canisters are not to be loaned or possessed by anyone other than the staff member to whom the canister was issued, except in emergencies.

Every six months, the Superintendent or Director in which facility the OC spray is authorized for use, shall account for each OC spray canister issued, the re-weighing and recording weights of each canister, verify at the time of weighing that the serial number and employee's identifying numbers are present, and verify them against the numbers recorded at the time of issuance/re-issuance. The semi-annual weights for each staff member's canister shall then be entered into the facility electronic database. Changes in weight between weighing dates shall be administratively reviewed as appropriate.

In the event that a staff member deploys OC spray, upon request and without hesitation, the staff member shall immediately surrender the canister to a supervisor, who shall weigh the canister and record his or her findings for subsequent entry into section G of the SCM PIR. In every such instance, the facility Director shall be responsible for ensuring that these new canister weights are entered into the facility's electronic database.

Each crisis situation that occurs in which chemical intervention is employed shall be reviewed by supervisory staff immediately after its occurrence. Supervisory staff shall take possession of canisters used by each employee, verify that the canisters belong to the employees, and document the following in the SCM Review report related to the incident:

- The date of the previous weighing of the canister

- The weight of the canister at the last weighing
- The date of the most recent deployment of the canister
- The new weight of the OC canister after its use by the employee
- The amount of spray discharged from the canister by weight

XXIV. Security of OC Spray Canisters

The OC canister and its belt pouch are the property of the Los Angeles County Probation Department and must be returned to the Department if the staff member terminates employment or transfers to another assignment in which the possession and use of OC spray are not authorized.

Staff authorized to carry OC spray are required to bring their OC canisters and related equipment with them to work each day. Each staff member shall maintain secure possession of the canister on his or her person while in the facility. The canister shall be secured in an upright position on a Probation Department-issued utility belt, or other Department-approved belt that is buckled securely around the staff member's waist, in such a manner as to prevent anyone from pulling the pouch and/or canister away from the staff member's person. Securing the canister to a lanyard or other type of retention device on the person is strictly prohibited. Canisters are not to be placed in or on top of a desk, or in other areas potentially accessible to youth. Staff shall take all necessary precautions when not on duty to keep their canisters out of the reach of small children, as children are particularly vulnerable to the effects of OC.

Lost or misplaced canisters are to be reported immediately via telephone to the duty supervisor with a written report to follow in a SIR immediately upon occurrence if on duty, or immediately upon returning to duty if off duty, when the loss occurred. Distribution of the SIR shall follow Probation Department policy involving such reports of lost County-issued equipment, as well as a copy being sent to the facility's Management Services Bureau (MSB) Director.

If the canister is stolen, the theft is to be reported immediately to the local law enforcement agency with jurisdiction in the city where the theft occurred. Upon returning to duty, the staff member shall immediately notify the duty supervisor of the theft and complete a SIR outlining the circumstances of the theft; the name of the local law enforcement agency the theft was reported to; the date and time the police report was filed; and police report number. Distribution of the SIR shall follow Probation Department policy involving such reports of stolen County- issued equipment, as well as a copy being sent to the facility's MSB Director.

XXV. Maintenance of Canisters

The OC spray canisters issued by the Probation Department require very little maintenance. OC spray canisters are sealed devices with pressurized contents, and are activated through the gentle shaking of the canisters once each day. Because

OC spray requires a delivery agent to serve as a propellant, for maximum effectiveness, it is important that staff attempt to ensure a distance of three (3) feet between themselves and the subject upon whom OC spray is to be deployed. Failure to do so, may result in a diluted and less effective delivery of OC spray, as the propellant will not fully separate from the OC.

Staff are not authorized to test spray their canisters to verify operability without prior approval of their immediate supervisor or Director. Following any such test spray, the new weight of the canister tested must be captured, recorded and entered into the facility electronic database.

In the event that a staff member suspects that his or her canister is empty or not functioning properly, the staff member shall immediately bring the matter to the attention of the duty supervisor or, in the absence of a facility supervisor or Director, via a written SIR. The supervisor or Director may then capture the weight of the canister and authorize a test spray to be performed. In such a case, the test shall be performed in a safe outdoor area to verify its operability.

At the completion of the test, a new canister weight shall be taken. If the canister is malfunctioning, or otherwise significantly depleted of its contents, the canister shall be replaced with the new canister information (weight, serial number, staff member's identifying number entered onto the canister) recorded and entered into the facility electronic database, and on the SIR submitted by the staff member.

Empty, lost or malfunctioning canisters shall be replaced upon preparation and submission of a SIR by staff, outlining the circumstances necessitating the canister replacement. The SIR shall then be forwarded to the staff member's immediate supervisor (or Director in the absence of a supervisor) for review. The supervisor shall review and approve the request and forward it to the Director for final review and approval. Upon Director approval, a copy of the SIR shall be submitted to the MSB Director. The MSB Director shall provide a replacement canister to the employee and ensure that the new canister issuance information, including weight, serial number and unique staff identifying number, is entered into the facility electronic database.

XXVI. Youth' Rights and Responsibilities

Youth shall be provided an OC Warning form to read and sign upon their admission into facilities utilizing OC spray. The form shall advise the youth that OC spray is used at the facility and that if staff instruct them to get down, take a knee, or use the words "OC spray," they are to immediately drop to one knee and then move to a prone position on the ground with their hands behind their back. Failure to do so may result in their being sprayed. Staff shall make every effort to avoid deploying OC spray onto youth whose known medical or mental health conditions involve the following:

- Psychotropic drugs or stimulant medications

- Under the influence of stimulant narcotics (cocaine, methamphetamine, PCP, etc.)

- Asthma or respiratory problems

- Documented history of heart disease

- Documented history of seizures

- Pregnancy

- Medical obesity

Likewise, OC spray shall not be deployed against youth attempting to harm themselves and/or destroying property, unless they are breaking windows or light fixtures which could then be used to harm themselves, or as weapons; or, they become physically aggressive towards staff attempting to stop their self-harming, destructive activity, and all other reasonable attempts at physical intervention have been tried and failed.

OC spray shall never be used on youth in mechanical restraints, handcuffs, soft restraints, or on youth who are under non-mechanical restraint by staff and/or are no longer physically aggressive. OC spray shall not be used in the Medical Observation Units, nurses' offices, CARE Units, ESU Units, or in other units in which its use is prohibited by the facility administrator.

XXVII. Procedure for Application of OC Spray

As indicated previously, OC spray shall be utilized as the last alternative in the SCM force continuum. All other de-escalation techniques, including physical intervention, should ordinarily be utilized prior to the application of OC spray. Should it become necessary to apply OC spray, staff shall use only the minimum amount of OC necessary to gain control of the situation and halt the youth's escalating behavior. All de-escalation/intervention efforts initiated on behalf of the youth prior to and during the deployment of OC spray are to be clearly documented within the incident PIR.

The following situations occur quickly and require staff to respond immediately, utilizing more restrictive alternatives, on an escalating basis, to protect members of the community, prevent injury to youth and/or staff:

- Major facility disturbance

- Physical assault on a staff member

- Physical assault on a youth by another youth

- Youth attempting to escape outside of the immediate area of supervision/living area

- Fights (mutual agitation)

- Engaging in self-harming behaviors that are life-threatening or may result in serious harm if allowed to continue

The following SCM intervention techniques shall be employed to de-escalate these situations and bring them to a safe and successful conclusion:

Verbal Command – In a loud, commanding voice, staff must clearly instruct/order the youth engaged in negative activity to cease their involvement. Staff shall immediately call for back-up at this time.

Staff presence (Show of Force) – One or more staff members are to converge on the area where the incident is occurring. While converging, staff must continuously instruct/order the youth in a loud, commanding voice to cease their negative activity.

Application of Physical Intervention – If verbal commands and staff presence fail to achieve the desired cessation of negative behavior, physical intervention shall be employed utilizing the least restrictive technique (level) needed to control the situation/subdue youth(s) and restore order.

Cease Activity Warning (OC Warning)/OC Spray – If physical intervention attempts are unsuccessful and it becomes necessary to utilize chemical intervention, staff shall provide a warning regarding the intended use of chemical intervention by clearly stating in a loud, commanding voice, "OC spray."

Application Of OC Spray – If the OC warning fails to achieve the desired cessation of escalating negative behavior, OC spray may be deployed. Staff must ensure that all OC post-deployment protocols are followed and clearly documented within the incident PIR whenever chemical intervention is employed.

- If the youth fail to respond to verbal commands by dropping to one knee, followed by taking a prone position with their hands placed behind the back, a one-second burst/spray (equaling 1/10 to 2/10 ounces of OC spray) shall be directed at the facial area of the youth involved in the aggressive, negative behavior.

- Spraying shall be repeated if the initial spray fails to effect compliance. In instances in which one application of OC spray fails to garner the desired results and repeated deployments of OC spray are necessary, staff shall clearly document in their PIR the need for additional deployments of OC spray; the number of bursts/sprays deployed; the youth(s) sprayed; whether or not the deploying staff were aware at the time of deployment if any youth sprayed were receiving psychotropic medication, were asthmatic, had respiratory problems, were pregnant, clinically obese, and/or had a history of heart problems or

seizures. If any such conditions existed, the staff shall explain why it was nonetheless necessary and unavoidable to use OC spray.

Note: In instances where a disturbance occurs involving several youth or a staff member is under physical assault by a youth or group of youth, the immediate utilization of chemical intervention is permissible following the issuance of a verbal OC warning. The immediate need to employ chemical intervention must be clearly articulated within the incident PIR. Staff shall be aware of, insofar as possible, those youth for whom exposure to chemical restraint (OC spray) is determined to be potentially harmful.

XXVII. Post OC Spray Application Protocols

Staff must ensure that all post-OC spray application protocols are followed in each instance where chemical intervention is employed:

- Level 3 (L-3) Enhanced Supervision Observational Monitoring of Youth – Immediately after the application of OC spray, regardless of where the incident occurred, and during the period where mechanical restraint, decontamination, clothing exchange and medical assessment occurs; the youth shall be visually observed and monitored on a continuous basis by one staff member who shall maintain continuous line-of-sight observation of the youth. This observation shall continue for a period of one hour following the completion of youth's medical assessment; or, in the case where no medical staff was at the facility to conduct an assessment, for one hour following completion of the paramedic assessment process. In addition to the foregoing, the youth shall be medically assessed at the earliest possible opportunity when medical staff becomes available at the facility. The name of staff assigned to monitor youth on L-3 status along with the time of OC deployment and the beginning and ending times in which L-3 monitoring was performed shall be clearly reported within the PIR. In any instances wherein a youth upon whom OC spray was deployed begins to show signs of distress or other respiratory problems, the staff member shall immediately summon medical assistance to the location. Absent available medical staff, Probation staff shall notify the duty supervisor to enable a rapid emergency medical response (call to 911) to be initiated.

  Note: The youth shall remain under L-3 status monitoring for at least one hour after a medical assessment is completed (or in the absence of medical staff, for one hour following paramedic assessment, as this is a critical time period wherein respiratory problems historically could develop). Accordingly, staff shall be extremely vigilant with this requirement. This L-3 status monitoring may occur in the living unit as circumstances permit, and may be performed by regular unit staff for the short time period outlined herein. It is not necessary to transfer the youth to the SHU unless circumstances necessitate the transfer.

- Secure Youth – Handcuffs or other mechanical restraints (flex-cuffs) may be applied after OC deployment, if necessary, to maintain control. The restraints

shall remain in place until the youth is under control and calm. The name(s) of the staff applying the restraints, the time the restraints were placed on the youth, and the time they were removed from the youth, are to be clearly documented within the PIR.

Note: If the youth is placed in a prone position at the time of the physical intervention (restraint), he or she shall be re-positioned into a sitting position or standing position as soon as possible, once the restraint has been performed. This is to prevent the possibility of positional asphyxia.

- Move Youth To a Safe Area – In all cases where OC is deployed and the youth is under control, the youth must immediately be removed to a safe area where first aid can be administered.

- First Aid Application – First aid for OC is exposure to fresh air and the application of cold water. After the youth is removed to a safe area, cold water only shall be sprayed or splashed into the facial area of the youth sprayed with OC. When doing so, the face should be facing down (toward the ground) so as to enable water used for flushing to run off the youth's face and not back into the eyes and nostrils. The youth shall be advised not to wipe his or her face as it may aggravate the effects of the chemical spray. A water spray bottle, cold-water spigot, or cold shower works well for decontamination purposes. The time in which decontamination using cold water was performed should be noted within the PIR.

  Note: Hot or warm water shall never be used for contamination purposes as it aggravates the effect of the spray. Warm water may be used after several hours have elapsed, but only after a thorough rinsing with cool water. Likewise, soap, any oil-based or cream-based products shall be avoided as they also intensify the effect of the spray.

- Change Youth's Clothing – As soon as possible following decontamination with cold water, the youth's clothing must be changed as chemicals on the clothing will continue to cause irritation. The clothing exchange shall occur before the youth is taken to the Medical Unit (nurse's office) for assessment, unless the youth is in respiratory or other type of medical distress. The time the youth's clothing was changed is to be clearly noted within the PIR.

- Medical Assessment – Nursing staff (when available) shall assess the youth within 30 minutes of the OC occurrence containment. Pending medical assessment by nursing staff or paramedic staff, the youth must be continually monitored/supervised on temporary L-3 status by a staff member, with all times when monitoring begins and ends clearly documented within the PIR.

  Note: Should a situation arise where it appears difficulty will be incurred in regards to facilitating medical assessment for the youth within the required 30 minutes, the duty supervisor shall be contacted, advised of the situation

and asked to provide assistance. Situations meeting these criteria shall be clearly documented and explained by staff in the PIR.

- Mental Health Consultation Request - All youth who are sprayed with OC shall be referred for Mental Health Assessment. Staff shall document the referral to DMH on the PIR and thereafter, attach a copy of the Request for Mental Health Consultation form to the PIR. During the post-incident review period, supervisory staff conducting the SCM Review shall verify that the youth was referred to DMH.

- Safe Crisis Management – Physical Intervention Report (PIR) - Chemical interventions shall be reported on a PIR. This form provides a step by step process for documenting incidents involving the use of physical or chemical interventions. Staff utilizing chemical interventions shall ensure that all information required in section M of the PIR is provided.

XX. Youth Sprayed By Probation Staff Outside Of Detention Facility

Youth brought into a facility that have been sprayed with OC by Transportation deputies or other Probation staff shall be immediately accepted into the facility, supervised and decontaminated as outlined above. If emergent treatment appears necessary, as the youth shows signs of respiratory or other medical distress, the duty supervisor shall summon medical staff when available. In the absence of medical staff, the supervisor shall initiate a rapid emergency medical response (call to 911).

XXI. Youth Sprayed By Outside Law Enforcement Agencies

Youth brought into a facility that have been sprayed with OC by outside law enforcement agencies are not allowed into the facility unless they have been treated by a physician at a medical facility and have been determined to be "okay to book" by a physician. However, should a youth arrive at the facility that appears to be in medical distress, facility medical staff (if available) and/or paramedics shall immediately be summoned to the facility admission area to render immediate aid, as necessary and appropriate.

XXII. Staff Contaminated With OC Spray

Staff contaminated with OC spray shall follow the same basic decontamination procedures as outlined for youth. Staff shall monitor any other staff inadvertently sprayed and be alert to any changes in the staff member's physical condition, including but not limited to emergent respiratory difficulties. If respiratory or other medical problems arise, staff shall immediately summon facility medical assistance and call paramedics.